

# **FAMILY MEDICAID PROGRAMS COMPARISON CHART: FM-O / FM-O-O / FM-12/ FM-4M / FM-F    Oct. 2005**

<b>Always determine eligibility for FM-O first.</b> This is because households that receive FM-O may qualify for extended Medicaid benefits when they lose eligibility for FM-O due to earned income of a parent; loss of 30 & 1/3 earned income disregard of any household member; or increased child or spousal support collections.					
<b>Program</b>	<b>Family Medicaid (FM-O)</b>	<b>FM-O With Income Disregard (FM-O-O)</b>	<b>FM-O 12 Month Transitional (FM-12)</b>	<b>FM-O 4 Month Medicaid (FM-4M)</b>	<b>Family Medicaid (FM-F)</b>
<b>Program Description</b>  Coverage for families with dependent children who meet the 3 requirements for Family Medicaid:  1. Household includes a child who is living in the home of a parent or specified relative. 2. Child meets age requirements. 3. Child is deprived of parental support.  Household must pass 2 income tests (gross and net income tests).  <b>Only program that allows parental earned income disregard (FM-OO) or 12 month Transitional (FM-12) benefits or possible 4 month continued eligibility (FM-4M).</b>	<b>Program of Choice over ANY OTHER Medicaid program.</b>  Coverage for families with dependent children who meet the 3 requirements for Family Medicaid:  1. Household includes a child who is living in the home of a parent or specified relative. 2. Child meets age requirements. 3. Child is deprived of parental support.  Household must pass 2 income tests (gross and net income tests).  <b>Only program that allows parental earned income disregard (FM-OO) or 12 month Transitional (FM-12) benefits or possible 4 month continued eligibility (FM-4M).</b>	Lose eligibility for FM-O due to earned income of a parent. Disregard earned income of the parent(s) when determining eligibility for FM-O.  Two 6 month FM-OO eligibility periods possible not to exceed 12 consecutive months.	Lose eligibility for FM-O or FM-OO for one of these reasons: <ul style="list-style-type: none"> <li>• Parent's earned income exceeds 185% poverty level, not eligible FM-O-O.</li> <li>• Parent's earned income exceeds 185% poverty level after 6 months of FM-O-O.</li> <li>• 12 months of FM-O-O expires and parent/s earned income exceeds FM-O limit.</li> <li>• Primary wage earner in a two-parent household begins working more than 100 hours per month.</li> <li>• Any household member with earned income loses eligibility for the time limited \$30 and 1/3 income disregard which causes the countable income to exceed the FM-O limit &amp; the household is not eligible FM-O-O.</li> </ul> Possible 12 months of FM-12 eligibility.	Lose FM-O eligibility because of child support or spousal support collections.  Possible 4 months of FM-4M eligibility.	Coverage for families with dependent children who meet the 3 requirements for Family Medicaid, but do not qualify for FM-O, FM-OO, FM-12 or FM-4M.  3 FM requirements are:  1. Household includes a child who is living in the home of a parent or specified relative. 2. Child meets age requirements. 3. Child is deprived of parental support.

	<b>Family Medicaid (FM-O)</b>	<b>FM-O With Income Disregard (FM-O-O)</b>	<b>FM-O 12 Month Transitional (FM-12)</b>	<b>FM-O 4 Month Medicaid (FM-4M)</b>	<b>Family Medicaid (FM-F)</b>
<b>Extended Medical Benefits</b>	Allows the 12 month disregard (FM-OO), 12 month transitional, (FM-O-12), or 4 month extended medical (FM-4M).	Allows 12 month transitional benefits (FM-12) or 4 month extended medical (FM-4M).	None.	None.	None.
<b>Prior FM-O Eligibility Requirements</b>	N/A	Must have received FM-O in the prior month.	Must have received FM-O or FM-O-O in 3 of the prior 6 months.	Must have received FM-O or FM-O-O in 3 of the prior 6 months.	N/A
<b>Emergency Medical</b>	No Emergency Medical on FM-O, use FM-F-E.	No Emergency Medical on FM-O, use FM-F-E.	No Emergency Medical on FM-O, use FM-F-E.	No Emergency Medical on FM-O, use FM-F-E.	FM-F-E allowed.
<b>Retroactive Coverage</b>	Allowed.	Not Allowed.	Not Allowed.	Not Allowed.	Allowed.
<b>Register Program in PACMIS</b>	Register as FM-O.	Use 'FO' closure code for FM-O to open FM-O-O.  If necessary, can register FM-O-O.	Use 'TR' closure code for FM-O or FM-O-O to open FM 12.  If necessary, can register FM-12.	Use 'FS' closure code for FM-O to open FM-4M.  If necessary, can register FM-4M.	Register as FM-F.  Good practice: at application register FM-O and if not FM-O eligible, change the 'O' to an 'F' on REAP or APMA.
<b>ETRC and "Transitional Month In ____" Counter Field</b>	N/A	If FM-O case did not close timely, enter the correct month in the "Transitional Month In ____" field for the proper FM-OO eligibility month.	If FM-O or FM-OO case did not close timely, or if family moved out of Utah and then back to Utah during the same 12 month period, enter the correct month in the "Transitional Month In ____" field for the proper FM-12 eligibility month.	N/A	N/A
<b>Must Have An Eligible Child</b>	Child must: <ul style="list-style-type: none"> <li>• Meet the age requirement;</li> <li>• Live with a parent or caretaker relative;</li> <li>• Be deprived of parental support through death, absence, incapacity or under-employment (PWE working less than 100hrs/mo).</li> </ul>	Child must: <ul style="list-style-type: none"> <li>• Meet the age requirement;</li> <li>• Live with a parent or caretaker relative;</li> <li>• Be deprived of parental support through death, absence, incapacity or under-employment (PWE working less than 100hrs/mo).</li> </ul>	Child must: <ul style="list-style-type: none"> <li>• Meet the age requirement;</li> <li>• Live with a parent or caretaker relative.</li> </ul>	Child must: <ul style="list-style-type: none"> <li>• Meet the age requirement;</li> <li>• Live with a parent or caretaker relative.</li> </ul>	Child must: <ul style="list-style-type: none"> <li>• Meet the age requirement;</li> <li>• Live with a parent or caretaker relative;</li> <li>• Be deprived of parental support through death, absence, incapacity or under-employment (PWE working less than 100hrs/mo).</li> </ul>

	Family Medicaid (FM-O)	FM-O With Income Disregard (FM-O-O)	FM-O 12 Month Transitional (FM-12)	FM-O 4 Month Medicaid (FM-4M)	Family Medicaid (FM-F)
<b>Rules on Excluding an Eligible Child</b>	There is no option to exclude a child.	There is no option to exclude a child.	N/A	N/A	A parent may choose to leave a child out of the coverage and household size so that child's income and assets are not counted. Only exclude a child if it's to the benefit of the household. That child is not eligible for Medicaid in that month.  At least one child must be included in the coverage.
<b>Deprivation of Support</b>	Required.	Required.	Not Required.	Not Required.	Required.
<b>Primary Wage Earner</b>	Consider child deprived of parental support if the Primary Wage Earner is working less than 100 hours per month. <b>Note: It does not matter if the other parent (non-PWE) is working more than 100 hours.</b>	Consider child deprived of parental support if the Primary Wage Earner is working less than 100 hours per month. <b>Note: It does not matter if the other parent (non-PWE) is working more than 100 hours.</b>	Still eligible if Primary Wage Earner in a two-parent household is working more than 100 hours per month.	Still eligible if Primary Wage Earner in a two-parent household is working more than 100 hours per month.	Consider child deprived of parental support if the Primary Wage Earner is working less than 100 hours per month. <b>Note: It does not matter if the other parent (non-PWE) is working more than 100 hours.</b>
<b>Child Support Enforcement</b>	Required.	Required.	Not required. If a parent was coded 'DI' for not completing DOS, code them 'IN' now.	Not required. If a parent was coded 'DI' for not completing DOS, code them 'IN' now.	Required.
<b>TPL</b>	Required.	Required.	Not required. If a parent was coded 'DI' for not complying with TPL requirements, code them 'IN' now.	Not required. If a parent was coded 'DI' for not complying with TPL requirements, code them 'IN' now.	Required.

	Family Medicaid (FM-O)	FM-O With Income Disregard (FM-O-O)	FM-O 12 Month Transitional (FM-12)	FM-O 4 Month Medicaid (FM-4M)	Family Medicaid (FM-F)
<b>Income Test</b>  <b>Income Requirements for Initial Determination</b>	Must pass <b>two income test</b> , based on HH size: <b>Test 1:</b> Gross Income Test <b>Test 2:</b> Net Income Test <b>If fail either of the test, HH is not FM-O eligible.</b> If previously FM-O eligible, may be eligible for an extended Medicaid program.	To be eligible for the earned income disregard (FM-O-O), the parents' earned income must not exceed 185% of the federal poverty level in the first month. If the household meets this requirement, disregard the earned income of the parents for six consecutive months. Any other income must pass the same two income tests as FM-O.  To receive this earned income disregard for an additional 6 months, the household must complete a review in month 6 and the best estimate of the parents' earned income for month seven must not exceed 185% of the federal poverty level. Any other income must pass the same two income tests as FM-O.	Parent must have earned income in each report month or have good cause for no earnings.  The second and third reporting periods require earned income to be under 185% of Poverty level.  <i><b>Tip: Post earnings on RETRO EAIN screen the first month of FM-12 eligibility so PACMIS will continue to fill the retro screens as it rolls from month to month.</b></i>	No income requirement.	<b>BMS program.</b> When countable income exceeds the BMS, the household may spenddown to the BMS income limit.  If countable income is below the BMS level for the household size, should be FM-O eligible.  Compare countable income to BMS (Basic Maintenance Standard) for appropriate HH size.
<b>Dependent Child Income</b>	Income of a dependent child who is in school or training full-time <b>or</b> who is in school or training part-time and employed less than 100 hrs/mo <b>counts in Gross Test</b> ; but is <b>exempt in Net Test.</b> <i>(Code 'DC 19' on EAIN).</i>	Income of a dependent child who is in school or training full-time <b>or</b> who is in school or training part-time and employed less than 100 hrs/mo <b>counts in Gross Test</b> ; but is <b>exempt in Net Test.</b> <i>(Code 'DC 19' on EAIN).</i>	Income of a dependent child does not count.	Income of a dependent child does not count.	Exempt income of a dependent child who is in school or training full-time <b>or</b> who is in school or training part-time and employed less than 100 hrs/mo. <i>(Code DC-FI on EAIN)</i>

	<b>Family Medicaid (FM-O)</b>	<b>FM-O With Income Disregard (FM-O-O)</b>	<b>FM-O 12 Month Transitional (FM-12)</b>	<b>FM-O 4 Month Medicaid (FM-4M)</b>	<b>Family Medicaid (FM-F)</b>
<b>Income Disregards</b>	<ul style="list-style-type: none"> <li>\$90 Work Allowance</li> <li>\$30 &amp; 1/3 (if eligible to receive) for 4 consecutive months. After 4 mos. \$30 for 8 months</li> <li>Child Care Expenses (up to maximum)</li> </ul>	<ul style="list-style-type: none"> <li>\$90 Work Allowance</li> <li>\$30 &amp; 1/3 (if eligible to receive) for 4 consecutive months. After 4 mos. \$30 for 8 months</li> <li>Child Care Expenses (up to maximum)</li> </ul>	Child Care Expenses	None	<ul style="list-style-type: none"> <li>\$90 Work Allowance</li> <li>\$30 &amp; 1/3 (if eligible to receive) for 4 consecutive months. After 4 mos. \$30 for 8 months</li> <li>Child Care Expenses (up to maximum)</li> </ul> <p>If spenddown required:</p> <ul style="list-style-type: none"> <li>Health Ins. Premium</li> <li>Allowable medical bills</li> </ul>
<b>Loss of \$30 &amp; 1/3 Disregard</b>	If no longer eligible FM-O, determine if eligible for FM-OO or FM-12.	Parent/s must be the person who loses the \$30 & 1/3 disregard.	Any household member can be the one to lose the \$30 & 1/3 disregard.	N/A	May increase spenddown, but wouldn't close FM-F.
<b>Spenddown</b>	<b>No Spenddown Allowed.</b>	<b>No Spenddown Allowed.</b>	<b>No Spenddown Allowed.</b>	<b>No Spenddown Allowed.</b>	<b>Allowed.</b> If no household has no spenddown for FM-F, may be eligible for FM-O.
<b>Asset Limits</b>	<ul style="list-style-type: none"> <li>1 person \$2000</li> <li>2 people \$3000</li> <li>Add \$25 for each additional person.</li> </ul>	<ul style="list-style-type: none"> <li>1 person \$2000</li> <li>2 people \$3000</li> </ul> <p>Add \$25 for each additional person.</p>	N/A	N/A	<ul style="list-style-type: none"> <li>1 person \$2000</li> <li>2 people \$3000</li> <li>Add \$25 for each additional person.</li> </ul>
<b>Asset Vehicle</b>	<ul style="list-style-type: none"> <li><b>Exclude</b> the total equity value of one motor vehicle with a FMV that does not exceed \$15,200 <b>OR</b> exclude up to \$1500 of the equity value of any one vehicle, regardless of the FMV, which ever provides the greatest disregard to the HH.</li> <li>Count the equity value of all other vehicles toward the asset limit.</li> </ul>	<ul style="list-style-type: none"> <li><b>Exclude</b> the total equity value of one motor vehicle with a FMV that does not exceed \$15,200 <b>OR</b> exclude up to \$1500 of the equity value of any one vehicle, regardless of the FMV, which ever provides the greatest disregard to the HH.</li> <li>Count the equity value of other vehicles toward the asset limit.</li> </ul>	N/A	N/A	<ul style="list-style-type: none"> <li>Exclude up to \$1500 of the equity value of one motor vehicle. Count any equity value in excess of \$1500 toward the asset limit.</li> <li>Count the equity value of all other vehicles toward the asset limit.</li> </ul>

	Family Medicaid (FM-O)	FM-O With Income Disregard (FM-O-O)	FM-O 12 Month Transitional (FM-12)	FM-O 4 Month Medicaid (FM-4M)	Family Medicaid (FM-F)
<b>Reporting Requirements</b>	<p>All factors of eligibility must be reviewed at least every 12 months.</p> <p>The Medicaid recipient is responsible to report any change in income or circumstances which may affect eligibility within 10 days of the date of the change.</p> <p>Follows the 10*10*10 rule: a recipient has 10 calendar days to report a change from the date s/he learns of the change, the agency has 10 calendar days to take action on the reported change, and the agency must provide a 10 day advance notice of a negative action.</p>	<p>Once the FM-OO case has been opened, changes in the earned income of the parents for the first six month period does not affect eligibility; however, <b><i>the household must continue to report changes and meet other FM-O eligibility in each month.</i></b></p> <p>Review due in month 6. <b><i>Set the review month for one year.</i></b> PACMIS will automatically send out a review in month 5 that is due in month 6. Review determines on-going eligibility for Month 7 onward. Review form or telephone interview required.</p> <p>Register the review on FMRR. Use prospective income. If the parent's earned income is under 185% Poverty, continue to disregard the parent/s earned income for another 6 months.</p> <p>The remaining income of all household members must be under the FM-O Gross and Net Test. Check all other eligibility factors.</p> <p>If remain open another 6 months, another time-limited program review is mailed prior to the auto closure month.</p>	<p>3 Quarterly Reporting periods.</p> <p>1st quarterly report is mailed in month 4 for months 1 - 3: The only thing a customer must report is if they do not have earned income. If they do not report, continue eligibility. Eligibility is automatic through month 7 if the household continues to have earned income. If the household reports no earnings (and there is no good cause) set an alert to close the case at the end of month 6.</p> <p>For 2<sup>nd</sup> &amp; 3<sup>rd</sup> reports, you must register on TRQR. <b>Retrospective</b> income used. Form not required if all income is verified.</p> <p>2nd Quarterly Report - customer must report wages for month 4, 5, 6 for eligibility in months 8, 9, 10. The wages must be under 185% of Poverty level. If over or do not report, close at the end of Month 7.</p> <p>3rd Quarterly Report - customer must report wages for Month 7, 8, 9 for eligibility for months 11 and 12. The wages must be under 185% of Poverty. If over, close at the end of Month 10.</p>	<p>The Medicaid recipient is responsible to report any change in income or circumstances which may affect eligibility within 10 days of the date of the change.</p> <p>The only changes that could close the 4M case are that the household no longer has an eligible child or they move out of state.</p>	<p>All factors of eligibility must be reviewed at least every 12 months.</p> <p>The Medicaid recipient is responsible to report any change in income or circumstances which may affect eligibility within 10 days of the date of the change.</p> <p>Follows the 10*10*10 rule: a recipient has 10 calendar days to report a change from the date s/he learns of the change, the agency has 10 calendar days to take action on the reported change, and the agency must provide a 10 day advance notice of a negative action.</p>

	<b>Family Medicaid (FM-O)</b>	<b>FM-O With Income Disregard (FM-O-O)</b>	<b>FM-O 12 Month Transitional (FM-12)</b>	<b>FM-O 4 Month Medicaid (FM-4M)</b>	<b>Family Medicaid (FM-F)</b>
<b>Ongoing Eligibility</b>	Must meet all FM-O requirements monthly.	Must meet <b>ALL</b> FM-O requirements monthly (except the earned income of a parent), such as deprivation, residency, unearned income under FM-O limit, etc.  To receive total of 12 months of eligibility, must remain eligible at 6 month review.	Must: <ul style="list-style-type: none"> <li>• Have eligible dependent child.</li> <li>• Remain Utah Resident.</li> <li>• Comply with Quarterly income reporting requirements.</li> </ul>	Must: <ul style="list-style-type: none"> <li>• Have eligible dependent child.</li> <li>• Remain Utah Resident.</li> </ul>	Must meet all FM-F requirements monthly.
<b>SSI Recipient</b>	<b>DO NOT</b> include any parent or child who receives SSI ( <i>Code 'SS' on SEPA</i> ).  An SSI child will meet the 'eligible child' requirement for the parents.	<b>DO NOT</b> include any parent or child who receives SSI ( <i>Code 'SS' on SEPA</i> ).  An SSI child will meet the 'eligible child' requirement for the parents.	<b>DO NOT</b> include any parent or child who receives SSI ( <i>Code 'SS' on SEPA</i> ).  An SSI child will meet the 'eligible child' requirement for the parents.	<b>DO NOT</b> include any parent or child who receives SSI ( <i>Code 'SS' on SEPA</i> ).  An SSI child will meet the 'eligible child' requirement for the parents.	<b>DO NOT</b> include any parent who receives SSI, ( <i>Code 'SS' on SEPA</i> ). An SSI child will meet the 'eligible child' requirement for the parents; but is usually open on the Disabled Medical program. ( <i>Code SEPA 'SS' for the FM-F</i> ). Note; SSI child may be included on FM-F if it is to the advantage of the HH, ( <i>Code 'IN' on SEPA</i> ). If included, the SSI income becomes countable, ( <i>Code 'SI CM' on UNIN</i> ).
<b>Absent Parent Moves In</b>	If no deprivation of support, close FM-O at the end of the month. If Primary Wage Earner is working more than 100 hours per month, may be eligible for FM-12.	If no deprivation of support, close FM-O-O at the end of the month. If Primary Wage Earner is working more than 100 hours per month, may be eligible for FM12.	Absent parent can be added, no deprivation of support required. The absent parent's income must be reported on the next quarterly report.	Absent parent can be added, no deprivation of support required.	If no deprivation of support, close FM-F at the end of the month. Consider eligibility for any other Medicaid program.

	Family Medicaid (FM-O)	FM-O With Income Disregard (FM-O-O)	FM-O 12 Month Transitional (FM-12)	FM-O 4 Month Medicaid (FM-4M)	Family Medicaid (FM-F)
<b>What Program to Open for a Pregnant Woman</b>	<p><b>FM-O is the program of choice over any other program including PN and PG.</b></p> <p>If the unborn is the only eligible child, not eligible for FM-O until the woman is in the 3<sup>rd</sup> trimester of pregnancy.</p> <p>Make sure the pregnancy indicator on SSDO is left "Y" for the mother during the 60 day postpartum period. Set a EWAL alert to remove timely.</p>	<p>If family is open FM-OO, leave the pregnant woman on FM-OO.</p> <p>If the unborn is the only 'eligible child', the HH is not eligible until the woman is in the 3<sup>rd</sup> trimester of pregnancy.</p> <p>Make sure the pregnancy indicator on SSDO is left "Y" for the mother during the 60 day postpartum period. Set a EWAL alert to remove timely.</p> <p>If becomes ineligible for FM-O-O while pregnant, she is not automatically eligible for PN unless she was open FM-O while pregnant.</p> <p>Otherwise, before approving PN (or any other program), determine if the woman currently qualifies for PN or qualified for PN in a month she was open FM-O-O.</p>	<p>If family is open FM-12, leave the pregnant woman on the FM-12 case.</p> <p>If becomes ineligible for FM-12 while pregnant, she is not automatically eligible for PN unless she was open FM-O while pregnant.</p> <p>Otherwise, before approving PN (or any other program), must determine if the woman currently qualifies for PN or qualified for PN in a month she was open FM-12.</p>	<p>If family is open FM-4M, leave the pregnant woman on the FM-4M case.</p> <p>If becomes ineligible for FM-4M while pregnant, she is not automatically eligible for PN unless she was open FM-O or FM-OO while pregnant.</p> <p>Otherwise, before approving PN (or any other program), must determine if the woman currently qualifies for PN or qualified for PN in a month she was open TR</p>	<p>A pregnant woman can be included in FM-F with a spenddown, but you would only want to do that if other household members only qualify with a spenddown. Otherwise, consider PN or PG.</p> <p>If the unborn is the only eligible child, not eligible for FM-F until the woman is in the 3<sup>rd</sup> trimester of pregnancy.</p> <p>Make sure the pregnancy indicator on SSDO is left "Y" for the mother during the 60 day postpartum period. Set a EWAL alert to remove timely.</p>



	Family Medicaid (FM-O)	FM-O With Income Disregard (FM-O-O)	FM-O 12 Month Transitional (FM-12)	FM-O 4 Month Medicaid (FM-4M)	Family Medicaid (FM-F)
<b>Unborn Child</b>	<p><b>NEVER</b> included in the household size. Code the unborn's participation 'OU' on SEPA until the woman is in the 3<sup>rd</sup> trimester of pregnancy; then code the unborn's participation 'IN' with a 'UB' relationship code. (Unborn still will not be included in the HH size.)</p> <p>Once the baby is born, <b>change the relationship code from 'UB' to 'CH'</b> so PACMIS will include the newborn the HH size. Leave the pregnancy indicator on SSDO for the 60 day period.</p> <p>If the unborn is the only 'eligible child', the HH is not eligible until the woman is in the 3<sup>rd</sup> trimester of pregnancy.</p>	<p><b>NEVER</b> included in the household size. Code the unborn's participation 'OU' on SEPA until the woman is in the 3<sup>rd</sup> trimester of pregnancy; then code the unborn's participation 'IN' with a 'UB' relationship code. (Unborn still will not be included in the household size.)</p> <p>Once the baby is born, <b>change the relationship code from 'UB' to 'CH'</b> so PACMIS will include the newborn the HH size.</p>	<p>Include in the household size once the pregnancy is verified or when the birth of the baby is known.</p> <p><i>(Code relationship 'UB' and participation 'IN' on SEPA).</i></p>	<p>Include in the household size once the pregnancy is verified or when the birth of the baby is known.</p> <p><i>(Code relationship 'UB' and participation 'IN' on SEPA).</i></p>	<p>Include in the household size once the pregnancy is verified. <i>(Code relationship 'UB' and participation 'IN' on SEPA.)</i></p> <p>If the unborn is the only 'eligible child', the HH is not eligible until the woman is in the 3<sup>rd</sup> trimester of pregnancy.</p>
<b>Reapplies after Case Closes for Not Meeting Reporting Requirements</b>	N/A	<p>Cannot restart coverage for the remaining extended FM-O-O period.</p> <p>Note: If reapplies in the month after the review, the case can be reopened if the review is completed by the last day of the month following the review month.</p>	<p>If reporting requirements are provided by the last day of the report month, can reopen TR for the remaining Transitional Medical period.</p> <p>If reporting requirements are met after the last day of the report month and the household had good cause for no report, can reopen TR for the remaining Transitional Medical period.</p>	N/A	N/A

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<b>Case Closed Because Household Moves Out of State, then Moves Back to Utah.</b>	Cannot restart coverage, new application required.	Cannot restart coverage, new application required.	Can reopen FM-12 for the remaining transitional period. Client still must provide all quarterly reporting information for the time period they were out of state.	Can reopen FM-4M for the remaining transitional period.	Cannot restart coverage, new application required.
<b>Case Closed Because HH Determined Eligible for FM-O Again Then Did Not Qualify for a New Extended Medicaid Closure &amp; Months Remain in the Original Extended Period.</b>	N/A	Cannot restart coverage.	Can reopen FM-12 for the remaining transitional period.	Can reopen FM-4M for the remaining transitional period.	N/A
<b>Notices</b>	If eligible for extended coverage send MAFO, MCTR or MCFS. Otherwise, use appropriate notice for closure reason.	Send MAFO notice when closing FM-O and opening FM-OO.  XMEO auto closure notice will mail along with a time-limited review when 12 months of FM-OO expire. If have enough information, determine if eligible for FM-12 or any other medical program or document you do not have enough information.	Send MCTR notice when closing FM-O or FM-OO and opening FM-12.  XMET auto closure notice will mail along with a time-limited review when 12 months of FM-12 expire. If have enough information, determine if eligible for any other medical program or document you do not have enough information.	Send MCFS notice when closing FM-O or FM-OO and opening FM-4M.  XMFN auto closure notice will mail along with a time-limited review when 4 months of FM-4M expire. If have enough information, determine if eligible for any other medical program or document you do not have enough information.	Use appropriate notice for closure reason.